



# South Central Public Health District

Prevent. Promote. Protect.

## FOOD ESTABLISHMENT LICENSE APPLICATION

**TWIN FALLS OFFICE**  
1020 Washington St. N.  
Twin Falls, ID 83301-3156  
734-5900 • Fax 734-9502

**BELLEVUE OFFICE**  
117 Ash St.  
Bellevue, ID 83313  
788-4335 • Fax 788-0098

**BURLEY OFFICE**  
2311 Parke Ave., Unit 4, Ste. 4  
Burley, ID 83318  
678-8221 • Fax 678-7465

**GOODING OFFICE**  
145 7<sup>th</sup> Ave. E.  
Gooding, ID 83330-0494  
934-4477 • Fax 934-8558

**JEROME OFFICE**  
951 E. Ave. 'H'  
Jerome, ID 83338  
324-8838 • Fax 324-9554

**RUPERT OFFICE**  
1218 9th St., Ste. 15  
Rupert, ID 83350  
436-7185 • Fax 436-9066

☐ New ☐ Change of ownership Previous Estab-Name/Number \_\_\_\_\_

Type of Operation: ☐ Permanent ☐ Seasonal

Food Establishment Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Manager/Contact: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Regional/District Manager: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Owner/Parent Company: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Establishment Phone: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

Type of Establishment: ☐ Food Service (605) ☐ Retail Market (610) ☐ Mobile Food Unit (602)  
☐ Processing (615) ☐ School/Institutional (616)

Type of Ownership: ☐ Sole Owner ☐ Corporation ☐ Association  
☐ Partnership ☐ Tax-Supported Entity

Dates of Operation:	<input type="checkbox"/> Year Rnd	<input type="checkbox"/> Jan	<input type="checkbox"/> Feb	<input type="checkbox"/> Mar	<input type="checkbox"/> April	<input type="checkbox"/> May	<input type="checkbox"/> June
		<input type="checkbox"/> July	<input type="checkbox"/> Aug	<input type="checkbox"/> Sept	<input type="checkbox"/> Oct	<input type="checkbox"/> Nov	<input type="checkbox"/> Dec
Days of Operation:	<input type="checkbox"/> Mon	<input type="checkbox"/> Tue	<input type="checkbox"/> Wed	<input type="checkbox"/> Thurs	<input type="checkbox"/> Fri	<input type="checkbox"/> Sat	<input type="checkbox"/> Sun
Hours of Operation:	to	to	to	to	to	to	to

Menu served (not applicable to retail or convenience stores) Please attach copy of menu or list menu items on separate paper.

**Idaho Rules Governing Food Safety and Sanitation Standards for Food Establishments (Idaho Food Code) requires that food establishments, as defined by Idaho Food Code, obtain a license prior to operating and renew the license annually. Food establishments must submit a renewal application by December 1<sup>st</sup> of each year for the forthcoming year, which begins January 1<sup>st</sup>. A \$65.00 fee must accompany all applications. The license is non-transferable and may be suspended for violations of food safety regulations as outlined in the Idaho Food Code.**

Signature of the applicant is an agreement to the terms and conditions of a license as contained in Section 8-304.11 of the Idaho Food Code and attests to the accuracy of the information provided per section 8-302.14 (G). **Applications can only be signed by owner or legal agent. Unless exempted by the Idaho Code 398-414.11, or defined as low risk, all food establishments are required to pay a \$65 license fee. Without the fee, the application cannot be processed.**

Signature of legal owner(s) or owner's agent

Date

### OFFICE USE ONLY – DO NOT COMPLETE - ESTABLISHMENT LICENSE INFORMATION/APPROVAL

Establishment Name: _____				Computer Number: _____			
Prog Code: _____	SubProg Code: _____	County # _____	Water: _____	Sewer: _____	(1-Public, 2 Private)		
Risk: High <input type="checkbox"/> Med <input type="checkbox"/>	EHS: _____	Status: Active <input type="checkbox"/>	Inactive <input type="checkbox"/>				
Mail: O = Owner 1 = Establishment							
Fee Paid: _____		Receipt: _____		Date: _____			
PRINT LICENSE: YES <input type="checkbox"/> NO <input type="checkbox"/>		ACTIVATION DATE: _____					
Comments: _____							

EHS Signature

Date